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CONFIRMATION NO. 4868

<b>SERIAL NUMBER</b> 09/152,992	<b>FILING OR 371(c) DATE</b> 09/14/1998 <b>RULE</b>	<b>CLASS</b> 128	<b>GROUP ART UNIT</b> 3764	<b>ATTORNEY DOCKET NO.</b> 05-10022
<b>APPLICANTS</b> RANDI LYNN SCHINDLER, LOS ANGELES, CA; <b>** CONTINUING DATA</b> <i>None M.B.</i> ***** <b>** FOREIGN APPLICATIONS</b> <i>None M.B.</i> ***** <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** SMALL ENTITY ** ** 09/29/1998				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance <i>MB</i> Verified and Acknowledged <i>MB</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 10
<b>INDEPENDENT CLAIMS</b> 2				
<b>ADDRESS</b> 36212				
<b>TITLE</b> PROSTHETIC DEVICE				
<b>FILING FEE RECEIVED</b> 395	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	